
	<h1 style="margin: 0;">Boating Accident Report</h1>			
<p style="font-size: 0.8em;">The operator of each vessel involved is required to file a report in writing whenever a boating accident results in loss of life, loss of consciousness, medical treatment or disability in excess of 24 hours or property damages in excess of \$100. Reports in death or injury cases must be submitted within 48 hours: reports in other cases are required with in 5 days. All reports shall be submitted to the Mississippi Dept of Marine Resources, 298 Bayview Biloxi Ms 39530. Any person violating these requirements is liable to a civil penalty under State Law of not more than \$100 per violation.</p>				
COMPLETE ALL APPLICABLE BLOCKS – Use Separate Sheet If Necessary to Complete Blocks				
Name and Address of Operator	Age	Operator Experience		
	DOB	This Type of Boat	Other Boat Operating Exp.	
		Under 20 hrs	Under 20 hrs	
		20 to 100 hrs	20 to 100 hrs	
	100 to 500 hrs	100 to 500 hrs		
	Over 500 hrs	Over 500 hrs		
Name and Address of Owner	Rented Boat	Number of Persons on Board	Formal Instruction in boating Safety	
	Yes		None	State
	No		USCG Aux	Other (specify)
			US Power Sqd	
			American Red Cross	
Vessel No. 1				
Boat Number	Boat Name	Boat Make	Boat Model	
			HIN	
Type of Boat	Hull Material	Engine	Boat Data Propulsion	
Boat Data Construction				
Open Motor Boat	Wood	Outboard	No. of Engines	
Cabin Motorboat	Aluminum	Inboard Gas	Engine Make	
Sail Only	Steel	Inboard Diesel	Horsepower	
Aux Sail	Fiberglass (plastic)	Inboard/Outboard	Year Built	
Other (specify)	Other (specify)	Other (specify)	Year Built	
Accident Data				
Date of Accident	Time	Name of Body of Water	Location (give precisely)	
State: MS	Nearest City:		County:	
Weather	Water Conditions	Temperature	Wind	
Visibility	Weather Encountered			
Clear	Rain	Calm	Air	
Cloudy	Snow	Choppy	Water	
Fog	Hazy	Rough	None	
		Strong Current	Light 0-5	
			Moderate 7-14	
			Strong 15-25	
			Storms over 25	
			Good	
			Fair	
			Poor	
			As Forecast	
			Not as Forecast	
			No Forecast Obtained	
Operation at time of Accident		Type of Accident		
Cause of Accident				
Cruising	At Anchor	Grounding	Burns	
Approaching Dock	Tied to Dock	Capsizing	Fall Overboard	
Water Skiing	Fueling	Flooding	Fall in Boat	
Racing	Fishing	Sinking	Hit by Prop	
Towing	Hunting	Fire or Explosion Fuel	Other (specify)	
Being Towed	Diving/SCUBA	Fire or Explosion No Fuel	Alcohol Use	
Drifting	Other (specify)	Collision with Vessel	Drug Use	
		Collision w/Fixed-Floating Obj	Weather Conditions	
			Excessive Speed	
			No Proper Lookout	
			Overloading	
			Improper Loading	
			Hazardous Waters	
			Fault of Other Person	
			Fault of Hull	
			Fault of Machinery	
			Fault of Equipment	
			Other (specify)	

Was vessel equipped with CG Approved			Was vessel carrying Non Approved			Were Fire Extinguishers Used		
Life Saving devices	Yes	No	Life Saving Devices	Yes	No	Yes	No	Not Applicable
Were they Accessible	Yes	No	Were they Accessible	Yes	No	If yes type used		
Were They Used	Yes	No	Were They Used	Yes	No	If yes number used		
Property Damage Estimate			Describe Damage:					
This Boat								
Other Boat								
Other Property								
Name-Address of Owner (Damaged Property)								
Complete all Blocks								
Deceased								
Name and Address			DOB	Was Victim a		Death Caused By		
				Swimmer		Drowning		
				Non-Swimmer		Disappearance		
						Other (Specify)		
Name and Address			DOB	Was Victim a		Death Caused By		
				Swimmer		Drowning		
				Non-Swimmer		Disappearance		
						Other (Specify)		
Name and Address			DOB	Was Victim a		Death Caused By		
				Swimmer		Drowning		
				Non-Swimmer		Disappearance		
						Other (Specify)		
Injured								
Name and Address			DOB	Nature of Injury		Incapacitated over 24 hrs		
						Yes No		
Name and Address			DOB	Nature of Injury		Incapacitated over 24 hrs		
						Yes No		
Name and Address			DOB	Nature of Injury		Incapacitated over 24 hrs		
						Yes No		

<div>Narrative:</div> <div>Accident Description</div>				Citations Issued
				Yes
				No
Vessel NO. 2				
Operator Name	Phone NO.	Address	Boat Number:	
			Boat Name:	
Name Of Owner:		Address		
Witness				
Name		Address	Phone No.	
Name		Address	Phone No.	
Name		Address	Phone No.	
DMR Marine Patrol Use Only - Person Completing Report				
Signature		Date Received:	Caused Based On:	
Primary Cause of Accident			This Report Investigation	
			Investigation and Report	
Secondary Cause of Accident			Could not be determined	
Reviewed By:				
MS Dept Marine Resources, 298 Bayview Ave Biloxi MS 39530				